

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org

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STATE OF HAMPINGE

LOBBYIST REGISTRATION FORM (Type or Print Clearly)

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PART I LOBBYIST	(1)00 011 111	in Olcarry)		
NAME(Last)	(First)	(Middle)	TELEPHONE	
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NAKANELUA	DAYTON	M.	808 847-2631	
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MAILING ADDRESS (Street)			FAX	
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1426 NORTH SCHOOL STREET		I	808 848-1987	
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(City)	(State)	(7in ((Zip Code)	
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HONOLULU	HAWAII	069	00047	
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EMPLOVING ORGANIZATION (FILL)				
EMPLOYING ORGANIZATION (Fill in only if y	TELEPHONE			
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MAILING ADDRESS (Street)			FAX	
(City)	(State)	(Zip C	Code)	
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PART II ORGANIZATION	V		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
UNITED PUBLIC WORKERS, AFSCME, LOCAL 646, AFL-CIO		808 847-2631	
MAILING ADDRESS (Street)	FAX		
1426 NORTH SCHOOL STREET		808 848-1987	
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96817	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
PETER L. TRASK		808 847-2631	
MAILING ADDRESS (Street)		FAX	
1426 NORTH SCHOOL STREET		808 848-1987	
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96817	

DAYTON LOBBYIST REGISTRATION.wpd

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
[X] Agriculture	[X] Education	[X] Human Services	[X] Science, Technology & Economic Development		
[X] Communications & Public Utilities	[X] Government Operations & Finance	[X] Intergovernmental Relations, International Affairs	[X] Tourism & Recreation		
[X] Consumer Protection & Commerce	[X] Hawaiian Affairs	[X] Labor & Employment	[X] Transportation		
[X] Culture, Arts, Historic Preservation	[X] Health	[X] Planning, Land & Water Use Management	[] Other: (indicate below)		
[X] Ecology, Energy Environmental Protection	[X] Housing	[X] Public Safety & Corrections			
PART IV CERTIFICATION	OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
	(Signature of Lobbyist)	/ /([Date)		
PART V AUTHORIZATION	TOLORBY				
NAME	. 0 20051	TITLE OF AUTHORIZING OFFICER	OR PERSON REPRESENTED		
PETER L. TRASK	ADMINISTRATOR				
NAME OF ORGANIZATION (if applic	cable)	TEL	EPHONE		
UNITED PUBLIC WORKERS, AFSCME, LOCAL 646, AFL-CIO			847-2631		
MAILING ADDRESS (Street)		FAX			
1426 NORTH SCHOOL STREET		808	808 848-1987		
(City)	(State)	(Zip Code)			
HONOLULU	HAWAII	96817			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					